

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2015
NAME OF PROVIDER OR SUPPLIER ROSEWALK AT LUTHERWOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00177847.</p> <p>Complaint IN00177847- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: July 27 and 28, 2015</p> <p>Facility number: 011587 Provider number: NA AIM number: NA</p> <p>Census bed type: Residential: 85 Total: 85</p> <p>Census payor type: Medicaid: 52 Other: 33 Total: 85</p> <p>Sample: 3</p> <p>Rosewalk at Lutherwoods was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00177847.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE